

# Hillside Veterinary Hospital

Phone: (250) 598-4477  
1700 Kings Road  
(corner of Kings and Shelbourne)  
Victoria BC V8R 2P1



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Website: [www.hillsidevethospital.com](http://www.hillsidevethospital.com)

Fax: (250) 598-7740

## Referral Form- Canine/Feline Rehabilitation

Dr. Sylvie Abrioux & Dr. Glynis Newman

Date: \_\_\_\_\_

- Mobility Assessment/Rehabilitation – General/Lameness
- Mobility Assessment/Post Surgical Rehabilitation
- Mobility Assessment/Conditioning/Sporting
- Mobility Assessment/Rehabilitation - Neurologic
- Acupuncture – Dr. Chan

Referring Hospital: \_\_\_\_\_

DVM: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Client Name(s): \_\_\_\_\_

Patient Name: \_\_\_\_\_

Client Address: \_\_\_\_\_

Species: \_\_\_\_\_ Breed: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Colour: \_\_\_\_\_ Sex: \_\_\_\_\_

Home Phone#: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Cell Phone#: \_\_\_\_\_

Temperament: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

\*\*\*please \* the preferred contact number

\*Please inform client that any and all medical conditions/issues other than those relating to rehabilitation will be referred back to their regular veterinarian.

Primary Concern: \_\_\_\_\_ Urgent? Y or N

Tentative diagnosis: \_\_\_\_\_

Recent Radiographs? Y or N

Recent Laboratory Workup? Y or N

\*if YES, please attach to referral

- Hillside Veterinary Hospital may proceed with any necessary diagnostics that a Rehabilitation Veterinarian may recommend (Radiographs, laboratory work, etc.), upon owners consent.

Related Surgical and/or other procedures performed (include dates): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Injury Summary (**please attach relevant medical records**): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current medications & dosages: \_\_\_\_\_

Current supplements: \_\_\_\_\_

Any known concerns or contraindications to rehabilitation modalities? (such as neoplasia, cardiac disease, etc): \_\_\_\_\_  
\_\_\_\_\_

**\* Please Note: History, medical records and any relevant diagnostic imaging and/or results are required before the owner will be contacted and an appointment booked.**

Please send completed form via:  
Fax: (250) 598-7740 **or** Email: [rehabilitation@hillsidevethospital.com](mailto:rehabilitation@hillsidevethospital.com)